

Gunn Hall Condominium Association



TENANT INFORMATION FORM

Tenant Name: _____

Address: _____

Home: _____ Work: _____ Cell: _____

Email Address: _____

Names of all Persons Residing in the Unit: _____

Lease Start Date: _____ Lease End Date: _____

Emergency Contact Information

Emergency Contact: _____ Relationship: _____

Home: _____ Work: _____ Cell: _____

Owner/Agent Information

Owner/Agent Name: _____

Address: _____

Home: _____ Work: _____ Cell: _____

Email Address: _____

***Information obtained is for Association business and emergencies only
and is held in strictest confidence.**

**Please return completed form to the address or fax number provided below or
email to adeweese@theselectgroup.us**